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EDITORS.

## Original.

### THE IMPOSSIBLE IN MEDICINE.

BY WILLARD H. MORSE, M. D.

#### PART I.

Medicine is something in which perfection has not as yet been attained. Its highest excellence is but an approximation. The one great object of life is to reach a state of perfection, and the ultimate end of all of our endeavor is to attain to that height which has all that exists below it and nothing above. We live in a brilliant era. The past, with its gloom, its ignorance, and its conceit, has nothing in common with the enlightened present. The medical profession of today limits and respects that which has passed into the shadows; bears and tolerates the unsatisfactory present; and looks, while it moves forward, to a glorious future. The physician's work is being assisted by home endeavor. No longer do we work aimlessly with uncertain hands. *Mind* is the master instrument of our warfare; and it is the keen, the strong, the persevering mind that furthers human effort in professional skill, and that is destined to penetrate to the deepest secrets, and to breathe into the material life the life of the highest. The destiny of man is undeterminable, and among men the destiny of the medical profession is in a pure perfection. The profession cherishes a most exalted idea of what a physician should be, but I think that we may put forth stronger efforts to reach that acme. It is not at all proscribed. We have the divine command to go on unto perfection; and if such is the word, the will can overstep all difficulties, and the aspiration for highest eminence be attained. We can make our lives sublime. Nature wishes no

man to sit in the seat of his fathers. It is ours to develop the utmost possibilities of our calling, but what those possibilities are we can scarcely say. In seeking the great future the physician must not for a moment forget that he steps in his quest from the present. We do not stand in mediate ether; we work from a present, which, though brilliant in our eyes, will be to the child of another era dark and drear. To touch the ends we must admit the means, and these we must take all in all. There are stars in our heavens and there are clouds. Though much the less material, we can not deny the clouds. Much has been done in medicine, more is undone, and still more may be done. Although the future will not own such an hour, we are obliged to admit the existence of many blanks in the space of our time. I feel that it is not my province and beyond my ability to speak of the *impossible in medicine*, but I would like in this essay to direct my thoughts to this complex subject.

Alexander Bain, from the heights of Scotch philosophy, says, "Pain expresses an ultimate fact of human consciousness, a primary experience of the human mind, resolvable into nothing more general or more fundamental than itself." Dr. Theophilus Parvin, in commenting on this passage, asks, "But *why* was that fact?" Dr. Robley Dunglison speaks of of pain as "a disagreeable sensation which scarcely admits of definition;" but Dr. Parvin's question will recur to every thinking mind. It becomes no man to speak lightly in answer. In the words of a brilliant writer we may say that "pain was the first lesson in the book of evil which most human beings read in such bitterness of sorrow." It is the first dreg in the cup of life that touches the tongue. But the fact—why? Ask it not, for it is unanswerable. When science comes to know the life of the intellectual and moral nature of man, then will the material organism be understood. Out of the life originated the pain, but the mystery must content us. It is safe only to know that it is

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the evidence of existing humanity; it is a minor mystery interlocked with the mystery of life. The drift would carry us to a study of the physiology of life, of the essence of life. Greater still is the mystery of death, that dread servant of nature. Touch the one, and the other is by; for life and death are intermarried, and pain is their child—the favorite child of death, as health is the beloved daughter of life. Carry the figure still further, and lives there a man who can recognize the sisterhood of pain and health? Yes; the two are sisters, born of the union of life and death. Mystery giveth birth unto mystery. That is the sum of philosophy, the essential of all that Berkeley, Bacon, and Fontenelle have written. Consider, however, that life and death, with their offspring, live in bondage to man. They are slaves, and yet they have a free existence. The franchise is not of human power, and man is subject to his own bond-servants. We are led on in our reasoning to ask, What is man? The Greek scholar said that man, *ανθρωπος*, took his name from *ανα*, "upward," and *πρεω*, "I turn," because he was the only erect animal; but such a definition is arbitrary. Divide the question. Think of man as a duality, as a *mind*, and as a *material organism*. Combine the fact of intelligence with the phenomenon of matter, and the product-result is man. The marriage of the spiritual and the corporeal is actuated in man and man alone. Our idea of the vital power correlates it with that something which Beale and his school call "the super-physical." The vital is not material, but we can not contemplate it. Well may we exclaim with Derghavin:

None can mount

Up to thy mysteries. Reason's brightest spark,  
Though kindled by thy light, in vain would try  
To trace thy counsels.

As the child hears the rolling sea in the pink shell of the beach, let us from one of her letters see if we can read the word of the great problem of teleology.

The Bible does not claim to teach scientific truths, yet it is not a little remarkable that incidentally there is pronounced by inspiration a tenable theory of the vital principle that resides in the blood. In the law given by the Supreme Being through Moses to the nation of Israel is found, in casual connection, an axiom, to discover which modern scholars long studied, and the truth of which is confirmed by the principles of recent researches. In the wilds of the desert of Sinai there came to the great Israel-

ish lawgiver the command that his people should abstain from the eating of blood, and coupled with this law was that relevant and congruous theorem of biology—*Ki nephesh habbassâr beddom he*, "For the life of the flesh it is in the blood." Nine hundred years previously, from the same divine source, had emanated a similar proposition, heard alone by the patriarch Noah, which found its first reverberation in the time of Moses, and in our present time is written as a fixed and proved scientific law. This divine asseveration, announced by the inspired writer, forms the hidden basis upon which is built the great superstructure of physiology, and the same fine tenet is the foundation of one of the fundamental laws of pathology. With pure blood there is no disease, but with a change in the nutritive fluid disease results. Either directly or indirectly all disease is due to some morbid condition of the blood, yet we by no means understand the existent relation in all cases. Pure blood is health and life; impure blood is disease and death. If we understood all of the morbid conditions of the blood, our knowledge of the special pathology would be no longer limited, and to it we would refer the morbid conditions of the solid structures. It would be irrational to refer the etiological connections of disease to any other part of the body than the blood, for there is no other portion of the body that has such wide relations. Suspicion has been directed to the nervous system, and certain pathologists have sought to place it on the same footing with the fluid of life. But it has been demonstrated that the susceptibility of the nervous system to morbid influences has no independent action, having derivation wholly from a directing power communicated to it by the effects of diseased blood. This is equivalent to saying that diseases affecting the nervous system are primarily due to the action of blood-changes. There was a time in the nearer eons of the dark past when the doctrine of exclusive solidism was held by the authorities in pathology; but we have exceeded the limits of our fathers' knowledge, and, relegating their idealism to its place in obscurity, have developed the first principles of a truth that future researches will establish. No teacher asserts today that diseases originate in the solid tissues; but in the brilliant light of the new era in medicine it is taught that the morbid conditions in all diseases are resident in that fluid which was denominated, fifty centuries ago, "the life of the

flesh." The studies of the physiologist have done nothing save to work out this problem given by inspiration. In vain has it been attempted to sketch a different truth that would be other than corollary to this plain statement; but after extended labor it has been found that we have worked to a centric point, and at last come back to the place of commencement. The great first law of physiology, written by the hand of the Highest in the misty days of the past, and but recently promulgated by the scientist, clearly states that "pure blood constitutes that force-matter which is called life;" and as pathology is the outcome of physiology, so the prime law of that science is deduced from the corresponding statute of physiology, and reads, "Disease is due to some abnormal state of the blood." These are the two grand rules that constitute the groundwork of the science of medicine. From them there can not be aberrance, and in substance they are both perfect, never divaricating, always presenting a complete whole.

Accepting these two laws, we can the more readily undertake the confessedly difficult task of defining disease and health. The one bears a certain co-relation to the other, but the boundary between them is vaguely drawn. We understand health to exist when all of the tissues are normal and all of their functions are harmoniously performed. Therefore, applying the law to the question, we may say that "Health is that state when by reason of a supply of pure blood all of the body-tissues are in a condition of absolute integrity, and, as a natural resultant, perform all of their functions in normal manner." Disease, on the other hand, may be excellently defined as a "disorder affecting the tissues of the organism, as regards their constitution or the exercise of their functions, in proportion as the blood is materially altered." In a general way, it is stated that all disease is due to certain changes in the blood, which changes may be either quantitative or qualitative. Speaking more minutely, we contain in the assertion the same thought when we say that these changes may be either appreciable or inappreciable, determinate or indeterminate. It has indeed been said in opposition to this doctrine of pathology that when its supporters speak of "indeterminate blood-changes" it is done that a loophole of escape may be contrived. This is not so; there is no weak spot in the doctrine. In argument, a disease is cited that does not appear to have

any pathological relation to the blood, and it is asked how its causation is connected with blood-changes. There is nothing to urge in explanation. All that we can do is to reason by negation, and admit that it is impossible to tell, but that at no distant day tentative efforts may answer the question. The advocates of humeral pathology seek no refuge in blind retreat to imperfect cover, yet firmly believe that the time will come when that which is now inappreciable shall be apparent. What use to veil our knowledge by the vagaries of uncertainty, and bring on our heads opprobrium? Better, far better, it is to own that in the present state of our science we do not know what we are sure we shall in time add to our knowledge. Thus it is that at the very beginning of our investigations we trench upon the domain of the impossible. Even such an astute observer as Dalton condenses his lack of knowledge into an obsolete word, and the elder Flint resorts to the use of the word "functional" whenever he is uncertain as to what the morbid changes are. The example set by these original thinkers is followed more or less by nearly all who treat of many-featured disease. To stand our ground, though defeat be certain, is far better than to fly.

Admitting that the determination of the inappreciable is not at present possible, we have the key that opens the door to that which is still darker. In etiology lies all the difficulty. Why is it not an easy matter to diagnose, prognosticate, and successfully treat an obscure, incurable disease? The answer is found in the fact that we do not understand, or understand but imperfectly, its cause. If we have trouble with the general pathology and its congener, general etiology, in their application to a type of disease, we necessarily fail when we attempt to solve the special etiology or pathology of a given disease. The best observer does not know why a change of the blood is causative of headache, and it is because of this one reason that there is no known cure for headache that has a direct action. If we understand the intimate etiology of a disease, then its treatment is without difficulty. As an example, take diphtheria. Less than a decade ago it was one of the most dreaded of diseases, but the pathologist has pushed his way over obstacles till he has discovered the condition of the blood and of the solid structures at the invasion of the malady; and, having come to a direct knowledge of the minute nature of the cause, he knows

what resources of the *materia medica* can be brought to bear upon those causes with success; consequently diphtheria yields to the measures advanced against it. Not impossibly a disease may be cured by chance, yet the practitioner who attempts at random the cure of a disease must be destined to meet an inevitable disappointment until persistence wins the prize. Tentative trials were the rule in the old school. If bleeding would not cure pleurisy, mercury might, or opium, or some other drug. Medicines were given with the hope that at last some one remedy might be successful, and thus it was that many measures of treatment came to be employed. The so-called old school of physicians had patience; but if that patience paid its price in the loss of precious life, as it did, what material benefit was gained? We have outgrown the practice of experiment and adopted a less questionable mode of operation. The physician of today can not afford to waste time. He is progressive. The chemist knows that hydrocyanic acid is composed of one part of hydrogen and one of cyanogen, and that the cyanogen gas is twenty-six times heavier than the hydrogen, making the atomic weight of the hydrocyanic acid to be twenty-seven. Now in manufacturing the acid he combines the two components in their known relative proportion, and never commits the error of adding double the quantity of cyanogen to the one part of hydrogen; but formerly the practice was to keep adding little by little of one compound to the other until at last the acid was made. And in like manner the physician works. He has learned—not by raw experiment, but by scientific research—that a certain morbid state of the blood under certain circumstances producing a given disease loses its power to hold the disease when it is met in the system by a medicine of a known and fixed power.

Thus is written the new gospel of medicine. An extrinsic or intrinsic cause, as the case may be, acting on the system produces a change in the normal state of the blood, which change is procreative of a special disease. A known medicine has a counteracting power over this blood-change, if not destroying at least neutralizing its force; and, given to reestablish the normality of the blood, cures the disease. This is the result of the modern application of science to medicine. In the same manner we may deal with prophylaxis. Knowing the cause that acting upon the blood produces the morbid state, we place the patient under

conditions remote from the influence of the causative action. So in establishing a diagnosis: the theory is that a certain state of the blood is produced by a certain cause. Diphtheria involves a blood-change brought about by an immediate cause. The same with typhoid; yet a different cause and a different affection of the blood obtains. The cause of typhoid acting on the system can not produce the blood-change of diphtheria; or, in general phrase, one disease can not be produced by that which causes another disease. Excessive heat, moisture, and improper diet do not produce the state of blood incident to pneumonia, but cause cholera. If we would minutely consider the *materies morbosae* of a disease, then any error in diagnosis would be utterly impossible; and until we come to an intimate acquaintance with real pathology we shall continue to err in this direction.

As a profession claiming extensive knowledge, and familiar with the outlines of disease, we are forced to admit to the laity that there are certain diseases that we can not cure. More than this, we are obliged to own that in the advanced stages of some of the best-known diseases we can not restore to health. We are told that to admit these weaknesses upon our part is to bring opprobrium on our heads. Is it? To do so would be false modesty. Shall we be ashamed of the impossible? Is the mariner ashamed because he can not cross the ocean by the aid of electricity? Is the farmer chagrined before his fellow-men because he has not a steam-engine to cut his grass? Nor should we be. In the first place, it is a mistake to say that any disease is "incurable." Such an assertion is very common and confidently made. What is more usual than the expressions that "cancer is incurable," "cerebro-spinal meningitis can not be cured"? We are not justified in thus branding these diseases. Only a very few years ago it was generally held that in any of its stages pulmonary phthisis was incurable; but now, if we take it in season, a cure is possible. Physicians have lost case after case of purpura hemorrhagica that we can now successfully treat, even though we do not see the case until it has advanced to the very last stages. Reasoning by analogy, we may say that if a disease once deemed incurable can now be successfully overcome, then a disease that is now pronounced incurable may be cured in another generation. To accomplish such ends we must not go to work in an irrational way. Although exper-



iments in therapeutics are justly excluded, yet we must be as circumspect as circumstances will allow. No physician will give ergot for pulmonary diseases nor treat nephritis with the remedies for syphilis; yet is it not as great a mistake to persist in applying an exploded medicine, or to fancy that one remedy will touch an entire class of diseases? If we would succeed in throwing off the imagined stigma that is attached to our inability to treat those diseases which in popular parlance are pronounced incurable, then we must work in the dictates of reason.

Why is it impossible to cure some diseases? Why is it impossible to cure a disease which we understand when it is in its advanced stages? These are two perplexing questions. The first is not unanswerable, but the answer involves some difficulty; the second can be but partially answered. The reason why it is impossible to cure certain diseases is because *we are not acquainted with the essential changes that the blood undergoes at the influences bearing upon it, and therefore, as collateral to this, we do not know what remedial agents to apply for the neutralization or destruction of the materies morbosæ.* This may stand as our first aphorism of the impossible. The second question requires a different solution. We know the etiology of the affections, but we can not by any means restore the patient to health, for *the blood has become so altered that our remedial measures are powerless.* On these two answers there is also dependent other related issues. This must be borne in mind in the discussion. To illustrate these two aphorisms, and to show their general bearing upon the prefatory remarks which have been made is the purpose of this thesis. If to coin a phrase be allowable, we may say that we will consider, first, *the impossible of the unknown;* and, second, *the impossible of the known.* Just here in this connection let us say that we must distinguish between the "impossible" and the "unknown." The minutiae of the latter are curious, and a consideration of this theme in its province would be interesting. To the domain of the unknown belong intricate questions. For example, it is asked, How or from what did the very first case of variola originate? Such a question seems absurd; yet to solve it would be instructive. The unknown is allied to the theme that we have taken, but it is distinct and out of our territory. In the sense in which the term is used above we, of course, mean the known and unknown in their rela-

tions to disease as has been further explained in the preceding remarks.

We pass now to a consideration of the "impossible of the unknown." Where shall we run our lines? The bounds are unlimited. The impossible resides not alone in medicine, but in surgery and obstetrics as well. Its greatness we can not understand, nor in treating of the special subject before us do we care to. But there are other points than these: there is impossibility in diagnosis, prognosis, and prophylaxis as well as in therapeutics. Again, there is something beyond the impossible, a something that may be termed the super-impossible. There are undoubtedly lesions of the sympathetic nerve, for there is no reason to believe that any part of the body is exempt from disease; but those lesions we do not know. There was a time when if one had spoken of disease of the lymphatics he would have been ridiculed, but today we recognize such lesions. There are lesions familiar to us all the seat of which we do not know; and correlative, there are diseases of parts of the system that are unrecognized. It is hard to demonstrate some of our best theories, and there are axioms that are not provable. New theories are of daily birth, but their sustentation oftentimes involves difficulties. Some of our oldest theories, that by force of habit have come to be called truths, are still mysteries. Take for an example the doctrine of prognosis. Where does it begin and end? There is in this matter a set subservience to that sub-faculty that we call "judgment." But the best judgment may be at fault. Prognosis is outside of our ken. In the words of an old author, it is "guess work." Much reserve is needed in formulating an opinion as to the termination of a disease. In prognosticating we walk upon a dangerous road in the dark. Just as we are imagining that the way leads us to the home sought we step out of our course over a precipice. We are just as much at sea in speaking of special pathology. We know something about it, but the greater part is impossible to understand. One of its simplest questions is unanswerable. Why is there a greater determination of blood to a part that is inflamed than there is in health? No tongue can answer. There are diseases that can not be cut short. Pleuritis is an example. We can not do it; but what is the reason? We have means at our command, but their exercise and use we do not know. Again, we are lost when we take up the consideration of prophylaxis. We can

prevent the development of cholera, but not of pleuritis. There are diseases that come without premonition, and we can not anticipate their occurrence. Another measure relates to causation of disease. There always exists some internal cause, but from whence it originates we may not know. Even if we understand its origin we can not always explain its development from a known cause. *Why* does cold cause pneumonitis? To answer simple questions is difficult, and turn which way we will we find no place where we can lay down a line and say, Here the impossible begins. In considering the "impossible of the unknown" we can by no means speak of all of the diseases to which that term is applicable, but will notice some few as typical of their class.

### Correspondence.

#### POISONED BY CARBOLIC ACID.

*To the Editors of the Louisville Medical News:*

Mollie A., fourteen years old, received a severe burn on October 26th. I visited her and dressed the wound from time to time, using carbolic acid as a disinfectant. Soon after dressing the burn, November 7th, her father, through mistake, gave her a large tablespoonful of pure carbolic acid. Immediately after swallowing it she exclaimed, "Why, pa, what was that you gave me?" He saw his mistake, and, having been two or three times informed by me of its toxic properties, turned to me and said, "Doctor, I have given that poisonous medicine!" I seized a glass of water that was sitting near me, and while she drank this I called for two more glasses of water, thinking I would dilute the acid if it had not destroyed the stomach, for it was the best I could do under the circumstances. I then administered an emetic, hoping to produce vomiting if the stomach was not destroyed, but to no effect. In a few seconds after administering the emetic she became unconscious, with no symptoms of emesis. This unconsciousness came on three minutes after swallowing the acid. At seven minutes the radial pulsation gave way. From eight to twelve minutes there were tonic spasms of the muscles, mainly of the flexor muscles. Her breathing became slightly stertorous at about sixteen minutes, and she died in nineteen minutes after taking the acid. There was considerable corrosion of the mouth and throat, and

it is but reasonable to suppose the stomach was in the same condition. Notwithstanding all this she never complained at all, and even at the close of life there was not a single perceptible muscular contraction.

DIXIE, KY.

J. R. SIGLER, M.D.

### Books and Pamphlets.

THE TREATMENT OF THE GENITO-URINARY ORGANS: The Use of Electricity, Damiana, etc. By John J. Caldwell, M.D., of Baltimore, Md. Reprint from St. Louis Med. and Surg. Journal, June, 1878.

ELECTRICITY IN MEDICINE AND SURGERY, WITH CASES TO ILLUSTRATE. By John J. Caldwell, M.D., of Baltimore, Md.

THE "ABDOMINAL METHOD" OF SINGING AND BREATHING AS A CAUSE OF "FEMALE WEAKNESSES." By Clifton E. Wing, M.D., Boston.

PROCEEDINGS OF THE SECOND ANNUAL MEETING OF THE TEXAS STATE PHARMACEUTICAL ASSOCIATION, held in the city of Galveston, May 13th and 14th, 1880.

HIGHER EDUCATION OF MEDICAL MEN AND ITS INFLUENCE ON THE PROFESSION AND THE PUBLIC: Being the Address delivered before the American Academy of Medicine at its Fifth Annual Meeting, held at Providence, R. I., September 28, 1880. By F. D. Lente, A.M., M.D., President of the Academy, Member of the Board of Managers of the Hudson River State Hospital, of the Council of the University of the City of New York, etc., etc. Published by direction of the Academy.

### Miscellany.

SIMULATED ASSAULTS ON YOUNG CHILDREN.—The following very important and timely suggestions of M. Fournier we copy from the British Med. Journal. They should be read by all physicians. Such attempted outrages are growing more and more common. With us these charges are most common among the negroes:

At a recent meeting of the Academy of Medicine of Paris (October 26th) M. Fournier read a paper on the subject of certain false charges of criminal assault on young children which had come under his observation. The victim was usually a middle-aged man of good reputation, and the object, in nearly all instances, was to extort money. The author, however, had met with two cases where the motive was revenge on the

part of women against their unfaithful lovers. The following case was related: A girl, eight years old, who was stated to have been the victim of a criminal assault a few days previously, was admitted into the hospital under the care of M. Fournier. The accused was a gentleman of excellent reputation, and had already been arrested. On examination the child was found to be suffering from violent inflammation of the vulva. The labia were greatly swollen, and showed numerous erosions. The nymphæ, also, were congested and edematous, and all the parts were intensely inflamed and bathed with thick greenish pus. The hymen was intact. There were several enlarged glands in each groin. There was no fever, and the general health was good. The child was perfectly cured in a fortnight by rest, baths, and soothing lotions. M. Fournier remarked that the unusual severity of the symptoms present arrested his attention at once, as he had never before seen such intense inflammation in any case of the kind. Besides, according to the child's own statement, she had only been alone with the accused person for a few moments. This exaggeration of all the symptoms, even supposing an assault to have been committed, led M. Fournier to question the child closely; and, finally, after much coaxing and a present, among other things, of a doll with movable eyes, the child ended by confessing that her previous story was totally false, and that her disorder had been caused by her mother, who had, on three occasions, rubbed the parts with a blacking-brush. The mother was sent for and told the discovery that had been made. The charge was of course abandoned. Thus, said the author, the woman had betrayed herself by doing too much. Had the effects produced been less severe she would probably have gained her end; for, in his opinion, it could not be too strongly affirmed that between an inflammation of the vulva due to a criminal attempt and an inflammation caused by violence of any other kind there is no sign which can be relied upon for making a differential diagnosis.

Another case was mentioned where a vulvitis of moderate severity was produced by repeated friction of the genital organs with a rough and dirty cloth; and masturbation was stated to be quite capable of exciting in a young child an inflammation in every respect similar to that caused by an unlawful assault. The important part played by the physician in cases of this kind, and the fact

of medical men not being sufficiently aware of the maneuvers resorted to by the unscrupulous persons who made such charges, were the reasons which had induced M. Fournier to bring forward the subject.

**OSTEOLOGY IN THE COLUMBUS MEDICAL COLLEGE.**—The present mode of teaching osteology in the Columbus Medical College is, in our judgment, a decided step forward (Ohio Med. Recorder). When the professor lectures upon any given bone enough specimens of that bone are distributed among the class to enable each group of three or four students to have the bone in hand, and thus without difficulty to follow the points as they are demonstrated. In the ordinary method the student at a distance from the professor can only see the more prominent points on a bone. The smaller ones, though often of equal importance, are not seen; so that however clear and impressive the description of them may be, they are not demonstrated. . . . Another matter that is being faithfully carried out is that of compressing the study of osteology into about twenty-five lectures. It is too much the fashion of professors of anatomy to linger through the greater part of a course of lectures on the bones.

**FRENCH GINGERBREAD.**—Whether our gingerbread-makers are as ingenious as those of France we can not say; but it appears, from observations made by Dr. Moynier and Dr. Galippe, that chromate of lead and chloride of tin are pretty extensively used in Paris to color gingerbread in place of molasses or honey (British Med. Jour.). French gingerbread seems to be made of a certain amount of flour, a great deal of glucose, some carbonate of potash, and a little chloride of tin. This compound is perhaps more ingenious than wholesome, and it is to be hoped that it may not be adopted in this country.

**HANDSOME.**—Professor Holland's article in the October and November Review, entitled "Diet for the Sick," should have been credited to the LOUISVILLE MEDICAL NEWS, and the editors of our brilliant contemporary very properly take us to task for the theft. The fact is, gentlemen, the NEWS is always so full of good things that we can not forbear stealing a little occasionally from you; and when any of our articles are free from any evidence of paternity, our readers naturally say, "From the NEWS, of course."  
—*Monthly Review of Med. and Pharm.*

**OVERWORK AS A CAUSE OF RAILWAY ACCIDENTS.**—This is a very important question. From time to time the public are made aware, by the occurrence of some serious accident on our railways, of the severe labor imposed on some of the servants of the railway companies. Another case of this kind has just been made public by the report of Major Marindin on a recent severe collision at Pennilee Junction, when several people were killed. After stating that there can be no doubt that the accident was due to the signalman at Pennilee making a mistake, the inspector adds the following significant paragraph: "But in casting the blame on this man there is one thing which should be remembered, and which ought to receive the careful consideration of the company employing him; and that is the fact that he had already been for over ten hours on duty without intermission, his whole term of duty being for twelve hours. I have no hesitation in saying that it is overtaxing a man's strength, both of mind and body, to expect him to work in a busy cabin for twelve consecutive hours without any assistance; and I do trust that shorter continuous hours of work will be adopted on the Glasgow and Paisley Joint Lines, and will become more general." We hope no time will be lost in giving effect to this recommendation.—*British Med. Journal.*

**AN ENGLISH AMERICANISM, WE GUESS.—**

Her yellow hair was braided in a tress,  
Behind her back, a yard long, I guess.

—Chaucer.

"He whose design is to excel in English poetry would not, I guess, think that the way of it was to make his first essay in Latin verse."—Locke.

**THAT SETTLES IT.**—We copy this from the *British Med. Journal*: The following resolution was passed at the last meeting of the Medical Committee of the Middlesex Hospital: "That, as the results of a prolonged and careful trial of Chian turpentine in the treatment of cancer prove the drug to be quite useless as a cure for that disease, directions be given to the dispenser not to obtain any more of the drug for the cancer-patients."

**THE Lumleian Lectures** will be delivered this year by Dr. Reginald Southey, of London. Subject, "Bright's Disease." This able and eminent physician is sure to give to the profession lectures of practical value.

**DUPLICATING PRESCRIPTIONS—A REMEDY SUGGESTED.**—Dr. E. T. Blackwell writes to the *Phila. Med. Times*: This is a grievous wrong against which only the amplest co-operation can be successfully brought to bear; and this should be exerted upon our national legislature, to the end that prescriptions uttered in manuscript be protected by copyright, the handwriting and the autograph of the author being held sufficient to establish his claim to the property in question. *A patient should no more be permitted to multiply copies of a prescription or duplicate the medicine it calls for than he should a book or magazine that he buys.*

**Mlle. Sara Bernhardt and Histrionic Death.**—Mlle. Bernhardt's deaths are remarkable, artistic, and effective. We must confess to having seen few in real life that moved us so deeply. The death-struggles, we may say, were remarkably life-like in a certain sense. We have never seen their equal in real death. We can recommend the profession to study the phenomena of the histrionic death as shown in Mlle. Bernhardt, for a physician may practice all his life and never see any thing like them.—*Medical Record.*

**OLD WINES.**—According to the experiments of Macagno (*Berlin Centralblatt*) the mellowness of old wine is due more to an increase in the amount of glycerin present than to a decrease in the tannin. There must also be a certain proportion between the amounts of alcohol and tannin in order that the wine may keep well.—*British Med. Journal.*

**R. OGDEN DOREMUS, M.D., LL.D.,** Professor of Chemistry and Toxicology in the Bellevue Hospital Medical College, has descended to writing scientific (?) puffs for patent cigarettes!—*Ohio Med. Recorder.*  
[Can this be true?—EDS.]

A ROYAL medal of the Royal Society will be conferred next week on Professor Lister, on the recommendation of the Council, in recognition of his important physiological services, and the advances in surgery due to his studies and application of antiseptic principles.—*British Med. Journal.*

A COURSE of stenography has been organized at the Academy of Medicine, St. Petersburg, and one hundred students have intimated their intention of following it.



## Selections.

**Music as a Therapeutic Agent.**—Dr. Oscar Jennings, of Paris, writes to the London Lancet:

That music quickens the breathing and makes the heart beat faster is well known, and it is not difficult to infer that this results from stimulation of the centers regulating the cardiac and respiratory functions. It is instructive to learn that strychnia increases while bromide diminishes the effect thus produced on the circulation, but this is precisely what might have been anticipated *a priori* from our knowledge of the action of these drugs on the nervous centers. That idiosyncrasy is apparent in the effect produced is also a matter of common observation. This is sometimes explainable, no doubt, by physiological peculiarities, as in the case of one of my relatives, who is, I believe, absolutely incapable of distinguishing any tune whatever. At other times the effect caused by musical sounds depends upon mental conditions, and is influenced by circumstances accompanying their production.

Whatever may be its mechanism, there is no doubt that music does exert a powerful physical action, and now that the fact is officially recognized by physiologists, it may be well to call attention to the therapeutics of music, too much neglected, perhaps, at the present day. Pythagoras held that music might be made serviceable in the treatment of various diseases, and so have many generations of physicians down to our own time. "Music," says Esquirol, "acts upon the physique by determining nervous vibrations, by exciting the circulation. . . . It acts upon the *morale* by fixing the attention upon sweet impressions, and by calling up agreeable recollections." In the treatment of mental disease," says the same author, "I have constantly used music. It calms and soothes the mind, although it does not cure; it is, however, a precious agent, and ought not to be neglected." Pinel, who was no mean authority, also gives ample proof of its value in his classical treatise upon mental alienation.

At the present day concerts are a standard element of treatment in many lunatic asylums, but as usually conducted they may be considered to form a part of the general hygienic and moral treatment, and to differ entirely from the therapeutic selection of various kinds of melody, according to the particular condition of the patient.

The use of music as a remedy may be truly said to date from the very origin of medicine. In one of his odes Pindar relates that Æsculapius himself so treated some of his patients, and the god's conduct seems to have been followed by his mortal successors. "The confidence of the ancients in the therapeutic virtues of music," says Fournier-Pescay, "was carried to a great length, and our present knowledge does not allow us to believe with Homer, Plutarch, Theophrastus, and Galen that it can cure the plague, rheumatism, or the bites of reptiles. One is also obliged to doubt the evidence of Diemerbroeck, Bonnetus, Baglivi, Kircher, Haffenreffer, and Desault concerning the cures which they attribute to music in cases of phthisis, gout, plague, hydrophobia, and bites of reptiles." If the word "reptiles" refers to the "tarantula," there is also high authority in favor of the opposite opinion. Speaking of the different means used to relieve the "tarantati," Hecker says that they were as nothing in comparison with the ir-

resistible charms of musical sound. It was customary at the beginning of the seventeenth century for whole bands of musicians to traverse Italy during the summer months, and the cure of the "tarantati" in the different towns and villages was undertaken on a grand scale. The different kinds of "tarentella" were distinguished by different names, which had reference to the moods observed in the patients. "There was one kind of tarentella which was called 'panno rosso'—a very lively, impassioned style of music, to which wild dithyrambic songs were adapted; another called 'panno verde,' which was suited to the milder excitement of the senses caused by green colors, and set to Idyllian songs of verdant fields and shady groves; a third was named 'cinque tempi'; a fourth 'moresca,' which was played to a Moorish dance; a fifth 'catena.'" The score of one of these dances, from Athanasius Kircher's "De Arte Magica," will be found in the Sydenham Society's translation of Hecker's very interesting volume.

Burton, in his *Anatomy of Melancholy*, has a chapter entitled "Music, a Remedy," which contains a sufficient number of quotations to serve for a treatise on the subject. Burton's opinion was most emphatic. "Besides that excellent power it hath to expel many other diseases, it is a sovereign remedy against despair and melancholy, and will drive away the devil himself." Among the curiosities of past medicine may be ranked Porta's theory of the specific property of sounds emitted through different kinds of wood. He believed that instruments made with the woods of medicinal plants produced different kinds of music, endowed with therapeutic virtues in the same diseases as those for which the woods themselves might be used. In the early days of electricity a similar idea was embodied in the Italian method of "intonnacature," which consisted of the application of sparks to the body through a tube containing any medicinal agent which might be indicated, and which was supposed to "dynamize" the spark with its special force. Quite recently the properties of different kinds of woods have been again discovered by a Paris physician, who has enriched science with xylotherapy, and there is good reason to believe that the same enlightened capital will soon give the world a new electrical method which will be uncommonly like its Italian predecessor. Fournier-Pescay, who contributed the article "Musique" to the *Dictionnaire des Sciences Médicales*, relates a number of cases benefited by the use of this agent, which can not possibly be controverted. Among these are several which are worthy of mention. His own child was relieved of "constant pain" and insomnia by the sound of the flute, which was recommended, by the way, by Pliny, for the cure of sciatica. Vocalization in a minor key was afterward substituted with good effect. Dodart (says the author) relates the case of a musician who was cured of a violent fever by the pleasure he experienced at hearing a concert in his room. Bourdois de la Mothe prescribed music as a last resource under the following circumstances: A young lady was dying on the eighteenth day of a severe fever. The pulse was vermicular, the *facies* Hippocratic, and the extremities icy cold. Upon leaving the room, Burdois caught sight of a harp, and it occurred to him to make the experiment. The husband's scruples gave way to the hope of saving his wife, and an excellent harpist was fortunately at hand. For thirty long minutes no change was observed, but ten minutes later the breathing improved, becoming deeper and quicker. The musician redoubled her ef-

forts. A warm glow was diffused through the cold limbs, the pulse became more full and regular, and an epistaxis to the amount of eight ounces occurred, after which the patient recovered her speech. A few days later she was convalescent.

Dessessarts, in a work published in 1811, relates similar cases, though of lesser gravity. It would be easy to fill pages with anecdotes of the effects produced upon individuals by the sound of music. Boyle speaks of a Gascon knight who was unable to hold his water when a certain instrument was played; and the same thing has been recorded of others. But the most remarkable observation, from a medical point of view, is related by Hallé, and quoted by Fournier-Pescay in the article already mentioned. A very sensible woman and an excellent musician, could never hear her pupils play a certain piece, arranged for the piano and several harps, "without experiencing a uterine evacuation resembling the menstrual discharge."

Those who may wish to pursue the subject further will find plenty of information in the authors whom I have quoted, and particularly in Fournier-Pescay. There is an interesting account of the emotional effects produced in two elephants by different kinds of music, played as an experiment in their hearing, before a number of scientific men, at the Paris Jarden des Plantes; and, besides a mass of erudition and anecdote, there are also a number of clear directions as to the choice of suitable melodies for particular cases.

**Electricity in Lead Colic.**—A case of lead colic treated with electricity; there was obstinate constipation. Large doses of ordinary purgatives had been given without effect; these were followed with a mixture of castor oil and croton oil, which did not produce the desired effect, but finally brought on vomiting. Enemata were prescribed, but these also to no purpose. A faradic battery was then obtained; the negative pole, armed with an electrode consisting of an insulated copper wire terminating in a copper ball, was introduced as far as possible into the rectum. The positive pole was then placed upon the abdomen, and a strong current was allowed to pass for eight or ten minutes. When the current was broken, the colicky pains had ceased. In ten or fifteen minutes a copious evacuation of the bowels occurred, followed by amelioration of all the symptoms and by recovery.—*New York Medical Journal.*

**Poisoning by Chlorate of Potash.**—The *Marseilles Medical* relates a case of poisoning by chlorate of potash. An elderly man took, in mistake for Epsom salts, thirty-five grams of chlorate of potash. Death, which followed in seven hours after the ingestion of the salt, was preceded by the following symptoms: Vomiting, colic, and diarrhea, general weakness and rigidity of the limbs. After death the skin of the dorsal and lumbar regions presented a slate-colored appearance.

**The Simplicity of Chemistry—Number of Chemical Compounds Possible.**—The eminent chemist, Berthollet, after making a calculation of the number of compounds derivable from certain alcohols, says, "If you give each compound a name, and then print one hundred lines on a page, and make volumes of one thousand pages, and place one million volumes in a library, you will want fourteen thousand libraries to complete your catalogue."

**Case of Scarlet Fever Treated with Salicylic Acid—Speedy Recovery—Salicylic Acid also Used as a Prophylactic.**—We take this interesting report from the *Med. Press and Circular*:

On the 10th of June I was called to see one of the boys at a school who was suffering from "sore throat." The throat and tongue at once suggested scarlet fever; but not having a thermometer with me, and the lad H. A., aged eleven, appearing in such good general health and spirits, I was in some doubt as to the diagnosis. The patient had to leave church four days since with a severe attack of epistaxis. Can not recollect any "shivering fits." Bowels constipated. Pulse 88, not very full. Ordered a swallowing gargle of hydrochloric acid and chlorate of potash, and promised to call again. In the evening I called, and found the patient in bed, the tonsils enlarged, with some patches of thick, adherent, yellow mucus, marked "strawberry" tongue, pulse 100, quick, regular, and rather small. Respirations normal. No coryza. Temperature, 99.2° F. A diffused red blush of a lobster color visible all over the body, especially buttocks, and mingled with cutis anserina. Urine very copious and pale. The patient was in excellent spirits, without pain except a little tenderness at the throat. Appetite fair.

I remembered the remarks of Mr. Pownall and Dr. P. C. Barker on salicylic acid—both as a remedy and prophylactic in scarlet fever (quoted in last volume of *Braithwaite's Retrospect*), and determined to try it in both capacities. I therefore prescribed a draught of sulphate of soda, to be followed by R. Acid. salicylii ʒss, glycerin ʒij-ʒj. 4tis horis.

Next day, 11th: Temperature mane 100.6° F. The urine still pale and free. Pulse 120, quick, but small and rather hard. Appetite and spirits good. A rigor last night. Light nourishing food, as much as he feels inclined to take. Patient was isolated yesterday. Bowls of Condy's and carbolic acid placed about the room. Rash very marked. In the evening patient says he feels "all right." Bowels have acted three times. Urine still very copious and pale. Rash fainter. Throat somewhat less inflamed. Voice less hoarse. Pulse 108, quick and small. Temperature 102.6° F. Breath very fetid. The urine shows rather a deficiency of phosphates, no albumen, and abundance of chlorides.

June 12th: The patient improved. The eruption discrete. Tonsils slightly ulcerated. Temperature 100.4° F. Tongue cleaner, eruption paler, pulse 88, soft and regular. Patient complains of itching, but is in excellent spirits, enjoys his food, has copious pale urine, and says he feels "all right."

June 13th: Temperature 101.4° F. Pulse 92, of fair force and elasticity. Respiration 23. A few herpetic vesicles on face. Eruption pale. Throat much less inflamed, no dysphagia. Mucous patches almost gone, but right tonsil nearly reaches middle line. No swelling of cervical glands. Has had a headache, which is now gone. Tongue is cleaning from sides and tip. Desquamation? Urine still very pale and copious, and normal microscopically and chemically. At night, much improved. Temperature 99.4° F. Pulse 88, full, firm, and regular. Tongue cleaned right up to base. Tonsils less red and inflamed, and swelling slightly subsided. Mucous patches disappeared. The eruption has almost entirely gone.

June 14th: Temperature 99.8° F. Rather restless night. Commencing desquamation. Marked injec-

tion of conjunctiva in parts. Pulse 84, of fair force. Throat almost well. Eruption gone.

June 16th: Patient up today. Convalescence is fairly established.

June 19th: Desquamation taking place rapidly. Dressed with carbolized oil.

June 20th: Tested urine. Nothing abnormal but odor which resembles that of diabetes. No sugar.

June 23d: Patient down stairs and out today. Desquamation more marked. He went away a few days after to a farm-house, where he continued to improve, and has now—July 22d—shown himself in better health than for a long time back.

From the commencement of the attack every inmate of the house took each morning one dram of glycerin of salicylic acid containing one grain of the acid. Though I saw three of the boys together in the first instance with sore throats of a similar character, there was no other case in the house.

I had some hesitation at first about my diagnosis, when I considered the following points: Patient's apparent health and good spirits, copious and pale urine, no implication of glands, and general absence of constitutional disturbance, also absence of known infection. On the other hand, there was the "lobster" eruption, "strawberry" tongue, slight fever, sore throat, and mucous patches.

Rötheln occurred to me, but I dismissed it on the following grounds: There was no coryza; eruption was most marked on *buttocks*; there was *none at all on the face*; it was also at first diffused, and not *patchy*, as commonly happens in rötheln. Also the firm, adherent *plaques muqueuses*, which are, I believe, very characteristic of scarlet fever when associated with other symptoms. Moreover, Dr. Fyfe saw the patient with me on the 12th, and concurred in the diagnosis.

**Cancer of the Rectum.**—From an analysis of one hundred and forty cases Dr. Charles B. Kelsey, in the New York Medical Journal, draws the following conclusions:

1. The fatal results which have thus far been recorded as following this operation nearly all occurred in cases where, from the extent of the disease, such a result was not improbable.

2. When the disease reaches above three inches, or involves neighboring parts to such an extent as to render its entire removal without injury to the peritoneum questionable, the operation is contra-indicated.

3. Although there have been a few cases of cure, such a result is so rare as not to justify the exposure of the patient to the risk of immediate death which attends the attempt to remove extensive cancerous disease.

4. The operation is chiefly valuable as a palliative measure, and as such it is applicable to cases where the disease has not made extensive progress.

5. As a palliative measure in proper cases, it compares favorably with the results of lumbar colotomy, both in prolonging life and in relieving pain.

6. The operation is not followed by an annoying incontinence of feces, except in a small proportion of cases.

7. The operation is not a substitute for lumbar colotomy in cases where the disease has reached more than three inches from the anus.

8. There is no proof that the operative interference shortens life by hastening the progress of the disease.

**On the Prevention of Laceration of the Female Perineum.**—Alex. Duke, M.K.Q.C.P.I., in the Medical Press and Circular, November 24th:

The best authorities are, I think, agreed that it is not advisable to support the perineum when that important structure is distended by the passage of the fetal head, and the reason is sometimes given that the support is so seldom properly applied that it is better left undone.

However, as it is a most deplorable accident to happen to any female, not only on account of the additional danger to the patient from septic absorption, the additional anxiety and trouble it gives to both nurse and doctor, and the train of subsequent evils which it frequently sets up, I consider it a subject worth saying a few words about, if only to draw out the opinions of older and wiser heads as to the advisability of adopting some preventive treatment instead of as a rule interfering at the wrong time with the calamitous results we so often witness.

The best preventive treatment of laceration which I have found (and which I dare not claim as original, as I presume it has been tried before, but which I see no mention of in the text-books of midwifery) is this: When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bed, and having lubricated my left thumb or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain draw back the perineum firmly but gently toward the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perineum with very slight effort. I thus tire out the muscular structures and produce sufficient relaxation for the head to pass. In most cases so treated the perineum is in no danger, but when the pubic arch is narrow, I take the additional precaution to foment the parts, and use an inunction of lard, and also allow the head while passing through the valve to glide over my lubricating fingers, using them as a shoe-horn, so to speak, while I direct the head forward by pressure with my left hand below the coccyx or a finger in the rectum.

It has always seemed anomalous to me that the perineum should be expected to dilate on such a short notice, namely, the "process of extension," while (dilatation of) the os and cervix occupy such a considerable time, even with the additional help of Nature's hydrostatic dilator, viz. the bag of waters.

The drawing back of the perineum produces no additional pain, as it is done during a uterine contraction, and I feel sure if nurses were educated as to proper way of dilating the perineum previous to its distension with the fetal head, we should see less and hear less of lacerated perineum.

**Use of nitro-glycerin in acute and chronic Bright's disease and in the vascular tension of the aged** is highly commended by A. W. Mayo Robson, F.R.C.S., in the British Medical Journal, November 20th. He says, "During the last year I have tried the above remedy with great benefit in a number of cases of chronic Bright's disease. A one-per-cent solution in drop doses every half hour till it gave relief or its physiological symptoms were produced, and then a drop or more thrice daily is the method of use recommended. It has been used in asthma, vertigo, and various spasmodic affections with benefit. It acts, the theory is, by relief of blood tension."

**Pilocarpin: its General Effects and its Action in Syphilis.**—Dr. Lewin, of La Charité Hospital, Berlin, has been experimenting on the action of pilocarpin upon the salivary and sudoriparous glands (Med. Press and Circular). In the course of three years and a half he has treated thirty-two patients affected with different forms of syphilide by subcutaneous injection of pilocarpin. Seventy-eight per cent of the patients were cured. Of seven cases two were of serious form, and had resisted energetic mercurial treatment; the cure was incomplete, and it was necessary to have recourse to injections of corrosive sublimate to complete it. In five other cases the treatment had to be suspended on account of intercurrent complications (endocarditis, hemoptysis, collapse).

The patients who were cured by the aid of pilocarpin showed large condylomata, various exanthemata, pharyngeal lesions, one a gummatous periostitis, and one ulcer of the leg.

The mean duration of the treatment was eighty-four days. The dose injected each time was usually fifteen milligrams. The cure would be shorter if patients would have daily injections, but as soon as amendment of the symptoms begin they require less and less frequent applications of the remedy.

Pilocarpin seems to prevent relapses with greater surety than mercury or vegetable depuratives. But in respect to facility of application, certainty of result, and rapidity of cure this medication is inferior to injections of corrosive sublimate, and often leaves behind it extreme sensibility to the influences of temperature, which obliges patients after the cure to keep their room for some time for fear of arthritic and rheumatic troubles.

According to the experience of Lewin and others, pilocarpin and its salts act especially on the salivary and sudoriparous glands. The symptoms which its use may cause, and which may oblige us to suspend the treatment are, nausea, vomiting, cephalalgia, and cramps, trembling of the hands, swelling of the submaxillary glands, weakness, loss of sleep, erysipelas of the face, and stomatitis.

**The Kneeling Posture in Parturition.**—Dr. Boardman Reed, in the Med. and Surg. Reporter, advocates the excellence of this posture in labor. He says:

I have become convinced of the peculiar efficiency, in many cases, of the kneeling posture. It may not be *secundum artem*, but it is *secundum naturam*, and may even be claimed to be scientific. When a woman lies on her side, the parturient forces must not only overcome the resistance offered by the rigidity and resiliency of the structures through which the fetus must pass, but to some extent overcome also the force of gravity represented by the weight of the fetus. When she is upon her knees, with her body nearly upright, this force of gravity directly assists the expulsive powers, acting thus as a *vis a fronte*.

Manifestly it may make quite a difference in the duration of labor, whether a twelve-pound child has to be partly lifted upward as well as forced outward, or brings its weight to bear as an auxiliary expulsive force.

I not only permit women to kneel when they prefer to do so, but often advise the kneeling posture to be temporarily assumed, either on the bed or by its side, when the head is arrested by faulty presentation

or failure to rotate. Often the change to this position has so modified the presentation, stimulated contractions and facilitated descent—then truly a descent—that the necessity of instrumental interference has been obviated.

The women who adopt it usually wear a loose gown while kneeling, and keep a vessel underneath to catch all discharges. When the placenta comes, it is deposited in this same receptacle, and the new mother—her clothes having been changed—is placed in a perfectly clean and dry bed.

**Alcohol in Medical Practice.**—Dr. T. J. Ridge, the Honorable Secretary of the British Medical Temperance Association, has republished, in cheap pamphlet form, a paper which he read at a conference at Bristol in October last, in which he deals with the question, "What are medical men to say about alcoholic beverages?" (Medical Press and Circular). He endeavors to prove that these should be prohibited by medical practitioners, and employs the statistical method largely to that end. Without entirely following Dr. Ridge in all that his deductions lead to, we are prepared to grant that he has very much evidence upon the side he supports; and further, that an altogether unjustifiable amount of indiscriminate stimulant-ordering is indulged in by physicians. It is difficult, however, to progress from this to absolute deprivation in all cases, and it may be doubted possibly whether Dr. Ridge, and those who go with him, are wholly correct in the inferences they draw from the facts of physico-chemistry they so frequently quote. We are, notwithstanding, glad to see the clear and admirably suggestive address of Dr. R. in the form we have received it, and feel sure that its widespread perusal will be of service.

**Menthol.**—This new antiseptic and antineuralgic is stearoptene of peppermint oil, or menthol, a crystalline solid derived from the oil of the mentha piperita. It is not soluble in water, but dissolves readily in alcohol, ether, or glycerin. A one-to-twenty solution may be obtained by adding one grain of menthol to six minims of alcohol with fourteen minims of water. Its antiseptic action resembles that of thymol; in the strength of one to five hundred it will prevent the development of bacteria and kill those already in existence. Its antineuralgic action is obtained by painting it in solution (one grain of menthol in ten minims of alcohol) over the painful point. The author (McDonald) considers that menthol is the active antiseptic and antineuralgic principle of oil of peppermint.—*New York Medical Journal*.

**Charcoal in Infantile Diarrhea.**—M. Jules Guérin (Med. Press and Circular) recommends charcoal in the treatment of infantile diarrhea. The affinity, he says, he sought to establish between the choleraform diarrhea of children and adults, led him to apply to the children the same treatment he had used so successfully with adults. M. Guérin orders the charcoal (wood) to be put into the feeding-bottle, half a teaspoonful suffices at the time, and where the child takes the breast, in a little milk, sweetened—a teaspoonful to be given frequently during the day. After the first day the evacuations change in consistence and odor, from green they become a blackish yellow. From this treatment, M. Guérin has seen children who were wasted by seven or eight days' obstinate diarrhea recover their usual healthy expression in three days.